

***This form should be completed by a parent/guardian. You will need information from your filed 2013 or 2014 income taxes (whichever is most recently filed).***

Submit only if you wish to be considered for CSSSA financial assistance. In addition to completing this application, you must submit a copy of the first two pages of your 1040 tax documents. Requesting financial assistance will not affect the outcome of your child's CSSSA application. Financial assistance is restricted to California students only.

**POSTMARK DEADLINE: February 28TH.**

## STUDENT INFORMATION

First Name	Last Name
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## PARENT/GUARDIAN INFORMATION

First Name	Last Name		
Mailing Address	City	State	Zip Code
Phone	E-mail	Are you the:	
		<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	

## PARENTS ADJUSTED GROSS INCOME (AGI)

Forms: 1040 - Line 37; 1040A - Line 21; 1040EZ - Line 4 . . . . .	\$
Earned by Father/Guardian \$	
Earned by Mother/Guardian \$	
ANNUAL SOCIAL SECURITY OR DISABILITY BENEFITS Report benefits received by the entire family. Omit educational benefits. Do not report money included in AGI above. . .	\$
NON-TAXABLE INCOME. . . . .	\$
Include any: <ul style="list-style-type: none"> <li>• Untaxed unemployment compensation</li> <li>• Interest and dividend exclusions</li> <li>• Military, or clergy housing allowances</li> <li>• Untaxed portion of capital gains</li> <li>• Income from untaxed municipal bonds</li> <li>• Child support</li> <li>• Non-taxable retirement payouts</li> <li>• Non-educational veterans' benefits</li> </ul>	
TOTAL	\$

## Size of Household

Include parents, all dependent children, and other dependents who you claim. . . . .

Number of dependents who will be full-time college students in the fall . . . . .

## Un-Reimbursed Medical Expenses

Only report if your amount of un-reimbursed expenses is greater than 7.5% of your AGI above. . . . . \$

In order to complete this financial aid application you must submit:

1. A copy of your filed 2013 or 2014 Federal tax forms, please do not include schedules and black out all Social Security Numbers. If you will not file tax forms, please provide appropriate income documentation.
2. A brief paragraph written by parent/guardian describing any extenuating financial circumstances.
3. Documentation verifying Social Security benefits, if applicable.
4. Documentation verifying un-reimbursed medical expenses, if applicable.

*I certify that the information reported on this form is accurate to the best of my knowledge.*

Parent/Guardian Signature

Date